

For DEQ use only

R97-07/003:

NOTIFICATION OF INTENT TO TREAT UNDER THE MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY GENERAL RULE 97 CERTIFICATION OF APPROVAL
AUTHORIZING BACTERIAL AUGMENTATION IN SURFACE WATERS

Instructions: Complete (please print), sign, and return this notification to the Michigan Department of Environmental Quality, Water Bureau, Attention Rosalie Mascho, via one of the following: mail: P.O. Box 30273, Lansing, Michigan 48909-7773; fax: 517-373-9958; or e-mail: Maschor@michigan.gov.

Section I. Applicant Type

Applicant Type (check all that apply):

- ☐ A person or entity who owns the property to be treated or who is the bottomland owner of the surface water body.
- ☐ A lake board established under Part 309, Inland Lake Improvements, of Act 451.
- ☐ A state or local government acting under authority of state law.
- ☐ A person who has written authorization to act on behalf of the entity checked above. (if so, please provide site contact information for the property owner below)

Name:

Phone: () - () - ()

Section II. Mailing and Contact Information

Provide the name, address, telephone number, and e-mail address of the person who will sign this notification (See Section IV).

Name:

Title (If applicable):

Organization (if applicable):

Address:

City:

State:

Zip Code:

E-mail:

Phone: () () - ()

Fax: () () - ()

Section III: Water Body Type, Location, and Chemical Information

Identify water body(ies) to be treated, location(s), and bacterial product information.

Water Body Name: _____

Water Body Type (circle one): Lake Pond Retention Basin

Other (describe) _____

Water Body Location: County: _____ Township Name: _____

Town: _____ Range: _____ Section: _____ or Lat/Long: _____

Product(s) to be used: _____

(Note: Product MUST appear on the "Acceptable Michigan Bacterial Augmentation Products" list to use this Notification of Intent. Requests to use other products should contact Kevin Goodwin at 517-335-4185 or at goodwink@michigan.gov).

Treatment Frequency: _____

Section IV: Certification

I certify that the information provided in this notification is complete, correct, and that the application of bacterial augmentation products will comply with the provisions outlined in the GENERAL RULE 97 CERTIFICATION OF APPROVAL AUTHORIZING BACTERIAL AUGMENTATION IN SURFACE WATERS.

Signature _____ Date _____

Upon acknowledgement that a Notification of Intent has been received, the applicant is authorized to commence bacterial treatment in compliance with Certification R97-07/003. Acknowledgement of receipt of the Notification of Intent can be determined at www.michigan.gov/deq utilizing the Michigan Department of Environmental Quality Site Map or by contacting Ms. Rosalie Mascho at 517-335-1180 or by e-mail at Maschor@michigan.gov.